

## Hamilton County Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 is the federal law that protects individuals from discrimination on the basis of their **race**, **color** or **national origin** in programs and activities that receive federal financial assistance.

Among other things, in operating a federally assisted program, a recipient cannot, on the basis of **race**, **color** or **national origin**, either directly or through contractual means:

- Deny program services, aids or benefits;
- Provide a different service, aid or benefit, or provide them in a manner different that they are provided to others
- Segregate or separately treat individuals in any manner related to the receipt of any service, aid or benefit; or
- Fail to take reasonable steps to provide Limited English Proficiency (LEP) persons with meaningful access to programs and activities.

**The following information is needed in order to process your Title VI Complaint.**

*Please Note: A signed, written complaint to Hamilton County Government must be filed no later than thirty (30) calendar days after the alleged discrimination occurred. However, a complaint may be filed with the appropriate state or federal agency within one hundred eighty (180) days of the alleged occurrence of discrimination or when the alleged discrimination became known to the complainant.*

**Please indicate below the basis on which you believe the alleged discriminatory action was taken**

<b>Race</b>		<b>Color</b>		<b>National Origin</b>	
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Date(s) of alleged discrimination: \_\_\_\_\_

**Complainant's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

**Person(s) discriminated against, if different from above:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_



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**Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.**

Federal Agency		Federal Court	
State Agency		State Court	
Local Agency		Other	

**Provide information about a contact person at the agency/court where the complaint was filed.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Have you filed any other complaints with any department of Hamilton County Government?**

Yes		No	
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**The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

**You may attach any written materials or other supporting information that you think is relevant to your complaint.**

**Please contact the Title VI Department with questions about this form or questions about the complaint resolution process.**

**Submit this Title VI Complaint Form and any additional information to:**

Hamilton County Title VI Department  
317 Oak Street, Suite 220  
Chattanooga, TN 37403  
(423) 209-6146 – Phone  
(423) 209-6145 – Fax  
TitleVI@HamiltonTN.Gov  
[www.HamiltonTN.gov/Department\\_Title6.aspx](http://www.HamiltonTN.gov/Department_Title6.aspx)